



DUE DATE
FEBRUARY 12, 1998

If you have questions concerning this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return any correspondence with your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Call for assistance, 8:00 a.m. to 8:00 p.m., Eastern Time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1A. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification (EIN) Number shown in the label the SAME as that used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 ☐ Yes 2 ☐ No – Enter current 9 digit EIN

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Item 1B. PHYSICAL LOCATION (Answer parts a through d)

a. Is this establishment's physical location the same as the address shown in the label?

P.O. box and rural route addresses are not physical locations. If different, indicate actual physical location.

Number and street

City, village, or other place

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 ☐ Yes 2 ☐ No 3 ☐ No legal boundaries 4 ☐ Don't Know

c. In what type of municipality is this establishment located?

096 1 ☐ City, village, or borough 3 ☐ Other – Specify

2 ☐ Town or township

4 ☐ Do not know

d. In what county is this establishment located?

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Item 1C. PRINCIPAL ACTIVITY – Mark (X) the ONE box which best describes the PRINCIPAL kind of business or industrial activity of this establishment.

- 070 1 ☐ Manufacturing (including such activities as logging, apparel jobbing, publishing, printing, and machine shops)
- 2 ☐ Minerals extraction, quarrying, production, or exploration
- 3 ☐ Construction
- 4 ☐ Wholesale operations
- 5 ☐ Retail stores
- 6 ☐ Other

If you have marked (X) in boxes 2 through 6, describe your principal activity below.

Item 2. EMPLOYMENT IN 1997

Number of employees

a. Number of PRODUCTION WORKERS during pay period including March 12th

306

b. All OTHER EMPLOYEES (Pay period including March 12)

307

c. TOTAL (Sum of lines a and b)

308

Item 3. ANNUAL PAYROLL (Exclude fringe benefits)

Mil. Thou.

Total annual payroll for all employees before deductions

311

Items 4, 5A, 6a, 6c, 7, 9, 11, 13, 16 – Not applicable to this report

Item 5B. VALUE OF PRODUCTS EXPORTED

Report the value of PRODUCTS SHIPPED FOR EXPORT. Include value of products shipped to exporters or other wholesalers for export. Also include the value of products sold to the U.S. Government to be shipped to foreign governments.

Mil.

Thou.

Mark (X) if "0"

399

0

Item 6b. TOTAL CAPITAL EXPENDITURES IN 1997 (EXCLUDE LAND)
New and used buildings, machinery, and equipment

350

0

Item 6d. GROSS VALUE OF ALL DEPRECIABLE ASSETS (ORIGINAL COST) AT END OF 1997
Buildings, machinery, and equipment (exclude land)

356

0

Item 8. TOTAL RENTAL PAYMENTS FOR 1997
Buildings, machinery, and equipment (include land)

362

0

Item 10. COST OF MATERIALS FOR 1997
Include cost of parts, containers, supplies, fuels, electricity; cost of products bought and sold as such; and contract work

326

0

Item 12. VALUE OF INVENTORIES

Include finished products, work in process, materials, supplies, fuels, etc.

a. End of 1996

334

b. End of 1997

338

0

0

Item 14. LEGAL FORM OF ORGANIZATION – Mark (X) the ONE box which best describes this establishment during 1997.

003 1 ☐ Individual proprietorship

5 ☐ Government – Specify

2 ☐ Partnership

3 ☐ Cooperative association (taxable)

4 ☐ Cooperative association (tax-exempt)

0 ☐ Corporation (do not mark if any form of cooperative association)

9 ☐ Other – Specify

Item 15. OPERATIONAL STATUS – Mark (X) the ONE box which best describes this establishment at the end of 1997.

001 1 ☐ In operation

2 ☐ Temporarily or seasonally inactive

3 ☐ Ceased operation – Give date

4 ☐ Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month

Year

Name of new owner or operator

Number and street

City, village, or other place

State

ZIP Code